AFFIDAVIT OF INTENT TO HOMESCHOOL

Risha VanderWey Coconino County Superintendent of Schools

Child's Last Name	First Name		Middle Name			
Child's Date of Birth	Proof of birth is requ	uired according to A.R	R.S. 15-828. (irade		
Parent/Guardian's Last Name		First Name		Middle Name		
Parent/Guardian's Last Name		First Name		Middle Name		
Home Address		City		Zip Code		
Telephone	Email Address		School [istrict of Residenc	ce	
Note: According to ARS 15-802, a person ensure that the child attends a public or p	private school pursuant to this s	ection is guilty of a Class 3		=	=	ie.
I elect to not begin formal	·	eignt years of age.				
I have included an original I understand that I am resp above information is char The child named on this af	oonsible to notify the supernged.	intendent when I stop	home instruction	n or need to upda	ate my child's record if	
PRIVACY NOTICE The undersigned expressly proh (a)(5)(A), without prior written o	-		_	-	as defined in 20 U.S.C. § 12	32 g
Under penalty of law, I attest the informa	tion on this form is true to the b	est of my knowledge.				
PARENT/GUARDIAN'S SIGNATURE			Γ	ATE		
State of						
County of						
Subscribed and sworn to (o	r affirmed) before me this	day of		, 20 <u> </u> .		
		Notary Signature				
		Notally Signature	•			